Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7/28/2010</u>	Address:	1105 Pumpkinvine Rd	
Case #:	<u>33-30336</u>		Martinsville, IN	
County:	Morgan			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): open Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location): Reaction vessel, open				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>inf</u>	 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: informant 	
This report is to be faxed to the following agencies that serve the location:				
-	ment: Martinsville Fire Dept	Fax: <u>Hand Delivered</u> Fax: <u>765-342-1062</u>		
Health Department: Morgan County Health		Fax:		
Child Prote	ction Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jon L. Patrick Phone 812-332-4411				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.